

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6-10-05</u>		2 Serial/Patent # <u>10/517748</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
✓	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ <u>200</u>						
10 REASON:		8 TO BE REFUNDED BY:								
Overpayment		✓ Treasury Check								
Duplicate Payment		Credit Deposit A/C #:								
No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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<u>Fee Code Correction</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>B. Campbell</u>		TITLE: <u>Paralegal</u>								
SIGNATURE: <u>BAC</u>		PHONE: <u>(703) 308-9140</u> Ext <u>217</u>								
OFFICE: <u>PCT/DOL/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: